## Supplemental Application Data Sheet

## **Application Information**

Application Type:: National Phase

Subject Matter:: Utility

Suggested Group Art Unit:: To be Determined

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: DETECTING PROLONGED MYOCARDIAL

REPOLARIZATION INDICATIVE OF CARDIAC

CONDITION

Attorney Docket Number::

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 7

Small Entity?:: Yes

Petition included?::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: Noah

Family Name:: Kenigsberg
City of Residence:: Richmond

Page # 1 Initial 08/09/06

State or Province of Residence:: VA

Country of Residence:: US

Street of mailing address:: 1234 Kenley Square

City of mailing address:: Richmond

State or Province of mailing address:: VA

Postal or Zip Code of mailing address:: 23226

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Nepal

Status:: Full Capacity

Given Name:: Sanjaya

Family Name:: Khanal

City of Residence:: Farmington Hills Quartz Hill

State or Province of Residence::

Country of Residence:: US

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Way

City of mailing address:: Farmington Hills Quartz Hill

State or Province of mailing address:: MECA

Postal or Zip Code of mailing address:: 48334\_93536

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Marcin

Family Name:: Kowalski

City of Residence:: Detroit

State or Province of Residence:: MI

Country of Residence:: US

Page # 2 Initial 08/09/06

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Apartment 17F

City of mailing address:: Detroit

State or Province of mailing address:: MI

Postal or Zip Code of mailing address:: 48226

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Subramaniam

Family Name:: Krishnan

City of Residence:: Newport Beach

State or Province of Residence:: CA

Country of Residence:: US

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City of mailing address:: Newport Beach

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 92663

**Correspondence Information** 

Correspondence Customer Number:: 10291

**Representative Information** 

Representative Customer Number:: 10291

Page # 3 Initial 08/09/06

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2005/004291	02/11/2005
PCT/US2005/004291	An application claiming the benefit under 35 USC 119(3)	60/544,171	2/11/2004

**Foreign Priority Information** 

**Assignee Information** 

Page # 4 Initial 08/09/06

Application No. (if	if known):	Attorney Docket No.: 66654-0001
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Regi	istration Number, if applicable	(248)594-0656 Telephone Number
Note:	Each paper must have its own certificate of mailing, or each submitted paper.	this certificate must identify
	Supplemental Application Data Sheet and Certific (4 pages)	cate of Electronic Mailing